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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | 1. CONTRACT ID CODE J | | PAGE OF PAGES 1 3 | |
| 2. AMENDMENT/MODIFICATION NO. 0003 | | 3. EFFECTIVE DATE 10-Apr-2006 | | 4. REQUISITION/PURCHASE REQ. NO. DPTSAF-5294-N508 | | |
| 5. PROJECT NO.(If applicable) | | | | | | |
| 6. ISSUED BY FORT BRAGG DIRECTORATE OF CONTRACTING ATTN: SFCA-SR-BR BUILDING 1-1333 ARMISTEAD AND MACOMB ST FORT BRAGG NC 28310-5000 | | CODE W91247 | | 7. ADMINISTERED BY (If other than item 6) .CATHY HOUSE CATHERINE.HOUSE@US.ARMY.MIL PH: 910-396-4362 X257 FAX: 910-396-2674 FORT BRAGG NC 28310-5000 | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) | | | | X 9A. AMENDMENT OF SOLICITATION NO. W91247-06-R-0015 | | |
| | | | | X 9B. DATED (SEE ITEM 11) 15-Mar-2006 | | |
| | | | | 10A. MOD. OF CONTRACT/ORDER NO. | | |
| | | | | 10B. DATED (SEE ITEM 13) | | |
| CODE | | FACILITY CODE | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | |
| <input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended. | | | | | | |
| Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning <u> 1 </u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) | | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. | | | | | | |
| A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. | | | | | | |
| B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B). | | | | | | |
| C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | | | | |
| D. OTHER (Specify type of modification and authority) | | | | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office. | | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | | |
| SEE AMENDMENT TEXT | | | | | | |
| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. | | | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | | |
| | | | | TEL: _____ EMAIL: _____ | | |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA | | 16C. DATE SIGNED |
| _____ (Signature of person authorized to sign) | | | | BY _____ (Signature of Contracting Officer) | | 10-Apr-2006 |

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

The following items are applicable to this modification:AMENDMENT TEXT

a. This amendment incorporates the following changes to the solicitation and Statement of Work:

1. Section 1.1.2 of the Statement of Work is hereby deleted.
2. Section 1.3.3 and the requirement for a Quality Control Plan are hereby deleted from the Statement of Work.
3. The following sentence of section 4.1 of the Statement of Work is hereby deleted:
“The Contractor shall provide a rubber stamp containing the medical flight crewmembers name, degree, license number, state of licensure, and company name.”
4. The following sentence of section 5.3 of the Statement of Work is hereby deleted:
“The Contractor shall hold Fort Bragg harmless for any damage caused by landing at an unimproved site.”
5. As a result of the above changes, the Statement of Work is hereby deleted in its entirety and the attached REVISED Statement of Work is substituted therefore.
6. Clause 52.237-3 is deleted.

b. The following information is provided in response to questions submitted by contractors:

1. **QUESTION:** Will any med supplies be available or provided by the US Government for use on US military soldiers and dependents?

ANSWER: No.

2. **QUESTION:** If no pricing is required on CLIN 0001 how does the contracting office expect to determine the cost of the totality of fixed cost to this program outside the high-risk mission support, expected missions, and additional flight hours?

ANSWER: Price will be based on the total aggregate amount of all CLINS except 0001, 0002, 0003, 0004 and 0005, which are informational CLINS. All costs associated with performance of services shall be included in prices for CLINS 0001AA, 0001AB, 0001AC, 2001AA, 2001AB, 2001AC, 3001AA, 3001AB, 3001AC, 4001AA, 4001AB, 4001AC, 5001AA, 5001AB, and 5001AC.

3. **QUESTION:** Is it the expectation that a per hour/mission cost evaluation will be submitted to encompass the program as a whole?

ANSWER: Offeror's price per hour, day, or mission shall include all costs involved in performance of that service. Each priced CLIN is based on a per hour, day or mission requirement.

4. **QUESTION:** Best case usage appears to be no more than 200 hours per year. If there is a worst case scenario of 100 hours or less, how will the contractor recoup loss when a firm price for each hour/mission is given?

ANSWER: All quantities are estimated and services will be requested on an “as needed” basis. The awardee will not be compensated if services are not required.

5. **QUESTION:** During high-risk mission support can we expect Government provided fuel?

ANSWER: No.

6. **QUESTION:** Can the Simmons facility be used as a full time base of operations?

ANSWER: No.

- c. The Contractor will comply with all applicable Federal, state, and local rules, regulations, requirements, statutes, and laws to include obtaining, if necessary, a Certificate of Need.
- d. The closing date and time is extended until 4:00 PM ET on Friday, 14 April 2006.
- e. All other terms and conditions remain the same.